2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 14, 2008 8:00 am Secretary of State

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FAITH UNITED CHURCH OF JESUS CHRIST APOSTOLIC. INC. 40002414 Principal Place of Business Mailing Address 7330 N.W. 52ND STREET 7330 N.W. 52ND STREET LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 65-0903863 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EBANKS, CLIFTON: Street Address (P.O. Box Number is Not Acceptable) 7330 N.W. 52ND STREET LAUDERHILL, FL: 33319 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition EBANKS, CLIFTON NAME NAME STREET ADDRESS 7330 N.W. 52ND COURT STREET ADDRESS LAUDERHILL, FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, DONALD Williams NAME NAME 1420 NW 47TH AVE STREET ADDRESS STREET ADDRESS 1018 SW CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME PETERS, JUDITH NAME 20240 NW 3RD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Rey wolds STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment that the information direction of the corporation or the receiver or trustee empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (